

A New Collaboration for FP

Flexible Fund (GH/PRH)

&

Child Survival Health Grants
Program (GH/HIDN)

The Flexible Fund

- Established in 2003
- Supports PVO/NGO FP/RH activities
- Uses the CSHGP as one way to support PVO/NGO FP/RH activities.
- Other Flexible Fund components addressed briefly today.

Flexible Fund Objective

To expand family planning use and reproductive health practices worldwide through the support of PVO/NGO partnerships and program integration.

Flexible Fund

Intermediate Results

- Increased community knowledge and interest in FP services through PVO/NGO involvement in FP Programs
- Improved quality of service delivery by health providers at the facility, community, and local levels.
- Increased access to communities to FP services.
- Plans and processes in place to continue FP activities beyond Flexible Fund support.

Key Elements of the Flexible Flexible Fund

1. Stimulating and strengthening the involvement of PVOs/ NGOs in FP.
2. Advancing state-of-the-art practices among PVOs/NGOs.
3. Establishing evidence of the PVO/NGO contributions to FP at all levels.

Questions and Answers

What are USAID's FP/RH Priorities?

- Assist couples to meet their reproductive goals through use of FP methods.
- Meet the FP needs of women throughout their reproductive years.
- Assure informed choice and high quality service.
- Encourage involvement of all sectors of society (e.g. men, youth, disabled, marginalized)

What are the programmatic priorities for NGOs/PVOs in FP/RH?

- Integration into general development or sector specific programs (e.g. child survival, maternal health, HIV/AIDS, education).
- Partnerships with public and private entities and CA's CA's to increase coverage, impact, and sustainability.
- Strengthen performance of district-level health FP programs either directly or indirectly.
- Linking communities to existing FP/RH programs.

What is the Difference Between Child Spacing and FP/RH intervention?

- Related to the context and purpose
- Indicated by the proposed LOE for the FP intervention.
 - A Child Spacing intervention will have an LOE for for FP activities that is <30% of the total program. program.
 - FP/RH will have an LOE of FP activities
- Further info: “Guidance on the Definition & Use of the Child Survival and Health Programs Fund”

What about the New 100% FP Applications?

- Permitted under Expanded Impact Category only.
- Excluded from the two application limit and organizational limit.
- One application submitted by each organization is encouraged.

What are the Expectations for 100% FP Expanded Impact Programs?

- Integration into existing general development or other other sector programs (e.g. health, education, PL480). PL480).
- Demonstrate the applicants internal capacity and organizational commitment in Family Planning.
- Cost effective (cost/beneficiary). Applicants not required to apply for maximum funding levels!)
- Utilize an evidence-based model or a successful approach that achieves results.

What about FP into other CSHGP Grant Categories?

, Mentoring, Standard, and Cost-extension grant categories.

- Demonstrate how you will ensure the level of effort effort for the FP intervention stated in the application.
- Ensure that you Include all relevant data to FP programming.
- Ensure the proposed activity is relevant to FP/RH and is clearly FP/RH as opposed to Child Spacing.

What are the Priority Countries for FP/RH Activities?

Africa:

Azerbaijan	Mali
Congo	Mozambique
Ethiopia	Nigeria
Ghana	Senegal
Kenya	Tanzania
Madagascar	Uganda
Malawi	Zambia

/Near East:

Afghanistan	Nepal
Bangladesh	Pakistan
Cambodia	Philippines
Egypt	Russia
India	Ukraine
Indonesia	

Latin America:

Peru

Can FP/RH programs be proposed in other countries?

Over the next 10 years 200 million women in the developing world will enter their reproductive years

We have a lot of work to do!